22c. NAME OF CEMETERY OF CREMATORY

22d. LOCATION ICity, town.

24g. REC'D BY REGISTRAR

or county)

246. REGISTRAR'S SIGNATURE W. Ward

(Stote)

0

22a. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICANE OF DEATH

Mill March to the Comment of the

BUREAU V. L.

- ZSGT T8 7/11/7 3T 102X

BECEIVED

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (Slate)

DATE SIGNED

(State)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

24n, REC'D BY REGISTRAR

Day

26

Days

YES NO

Year

1957

TO FUNER

he ISM 9/55

registrar

PHYSICIAN'S

NAME (Type)

220 BURIAL CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

0-

CERTIFICATE OF DEATH

BUREAU V. S.

1961 TE TOP



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 tem 14 Film 6218 7-31-57 et CERTIFICATE OF DEATH 07288 Reg. Dist. No. the funeral director, should be filed with Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Rejedence before admission) b. COUNTY MARYLAND hours ofter death. b. CITY OR TOWN (If outside corporate limits, write RUPA) and give negrest town) OR LOWN (If guiside corperole Urolls write RURAL and give negrest town) c. LENGTH OF STAY IN 16 c. CID d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 00 3. NAME OF DECEASED DATE OF DEATH Middle First Month within 24 attending physician and campletely filled (Type or print) 5. SEX 6. COLOR OR RACE P. AGE (In years last-birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DAJE/OF BIRTH Months DIVORCED [WIDOWED IT papers. yes. that the death certificate be executed USUAL OCCUPATION (Sike kind of work dane 10b. RIND OF BUSINESS OR WOUSTRY dring most of working life, even if retired) 11. BIRTHPLACE (State as focular country) offer death. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown please remave à permit. PIRECTOR: After this certificate has been signed prior to burial, cremation, or remaval, and be detached for use as the burial-transit by the haspital ar attending physician

07275 51

IS RESIDENCE

YES TI NO

Year

19

Min.

Hours

12. CITIZEN OF WHAT COUNTRY?

Days

	15/ (YA	THE STATE OF THE S
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUSE OF DEATH ON SET AND DEATH
		Canditions, if any, which gave rise to immediate (b) 577-07-6449
	-	cotise (a), stating the under lying cause lost.
>	ICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19. WAS AUTOPSY LERFORMED?
	L CERTIFICATE	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour P. m. 7/18 157 While Not while of work
		21. Certify that I attended the deceased from 19, to 19, that I last saw the decease alive an 19, and that death occurred at P M, from the causes and on the date stated above
		alive an
		PHYSICIAN'S H. W. WARD OWINGS MO 7/18/57
		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CHMETERY OR CREMATORY 22d. LOCATION 19ty, town, or county) (stote)
	23.	LUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246/REGISTRAR'S SIGNATURE DATE 7-19-57 H. W. Ward

TO HOSPITAL moy be re he VS A15 (4) 15M 9/55

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registrar

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ATTIAND STATE DEPARTMENT OF HEALTH-IN

BUREAU V. S.

JUL 23 1057

BECEINED

Naistral within 72 hours after death. After this by the funeral director, the third copy of this

로. 보

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M -

execut

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07289 CERTIFICATE OF DEATH

			1	1
Reg.	Dist.	No	\sim	

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Calvert MARYLAND	STATE Marilland COUNTY 18.01.00	for
CITY (If outside corporate fimits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest to	nwal .
OR and give necrest town) (in this place)	OR TOWN	• • • • • • • • • • • • • • • • • • • •
him Rich	Number ma	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rurat give location) ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	y) (Yaar)
(Type or Print) Charles F	anklin DEATH 7	1957
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,		
m (Specify)	. 15 82 yrs. Months Det	ys Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT
done during most of working life, even if OR INDUSTRY retired)		OUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	DIA.
0	The state of the s	
Daniel tranklin	I Unio Wallace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yas, give wer or datas of service)	17. INFORMANT & ADDRESS	
(is as, no, or unk.) (ii) as, give well or dalas or service)	Otho Franklin Dunk	uk hud
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.		INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,		ONSET AND DEATH
1112 A HAMEDIATE CAUSE (A) Carolina (120)	richer, und agent	7.
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST, DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.]	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(Stefe)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. at work at work	,	
22. I hereby certify that I attended the deceased from 7/3	10/7 10/13 1057	
11-7/5-7	19 to 1 last	
alive on	t	oove.
41/1/1/20-8	ADDRESS (Streat, city, town, stete)	DATE SIGNED
23./ BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O	C CREMATORY (City, town, or county)	16/0/
23. BURIAL (CREMATION), DATE THEREOF NAME OF CEMETERY O	C - 0 C	(Stata)
24. REC'D BY REGISTRAR REGISTRAB'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDR	PESS
DATE 7-8-57 14.11. (Ward	P.T. Sawell Prince Fred	orick

BUREAU V. S.

ZSGT OT THE

- CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 07290Rea. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Wherpydeceased lived. If institution: Residence before admission) o. COUNTY Filed b. COUNTY MARYLAND LITY OR TOWN (If outside-ear porate lights, write c. LENGTH OF STAY IN 1b CLITY OR TOWN (If postside corporate limits, write RURAL and give nearest town) RORAL and give nearest town) shauld d. NAME QE HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Month Day **Yeor** DECEASED (Type or print) DEATH 19-6. COLOR OR RACE 7. MARRIED P. NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE-OF BIRTH 9. AGE (In years Months Doys Hours WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during fost of working life, even if retired)

10b. KIND OF 8USINESS OR INDUSTRY 11. BLRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME COL of t WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line 19/(0), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. 4PAIR II. OPHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 120179. WAS AUTOPSY PERFORMED? YES NOW 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE ACW INJURY OCCUPRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY/Home form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Not while While of work of work 21. I certify that I attended the deceased from. £____, 19___,that I last saw the deceased alive on ____, and that death occurred at ZZM, from the causes and on the date stated above. ADDRESS (Street, city or Jown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNE Page 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town. or county) (Stote) EMOVAL (Specify 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

CHITIFICATE OF DEATH

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a. COUNTY o. STATE pa b. COUNTY MARYLAND Ē eral b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ė, ORURAL and give negrest town) P INGTOWN rederick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO P luret NAME OF First Middle Inst 4. DATE Month Day Year DECEASED OF (Type or print) 28 1952 rancis IF UNDER 1 YEAR! IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED THENEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthday) Months Days Min. death. Male WIDOWED | DIVORCED [7] 1.0 10a. USUAL OCCUPATION (Give kind of work done done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 21.5 A carbon offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician remove 15. WAS DECEASED EVER IN U. S. ARMED-FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address es 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO permit. any Conditions, If any, which gned gave rise to immediate **DUE TO** coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TE 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (Slote) (County) factory, street, office bldg., etc.) Hour er, m While Not while 19 of work of work 21. I certify that I attended the deceased from Lithat I last saw the deceased and that death accurred at \$2.30 alive on__ ≰M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge Burlal (Specify) Arlington National Cemetery Arlington 9 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Silver Spring, Md. VS A15 (4) 15M 9/5S



7561 ts 70.

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07292 **CERTIFICATE OF DEATH** Reg. Dist. No. il director, filed with PLACE OF DEATH 2 USUAL RESURENCE (Where deceased lived. If institution, Residence before admission) e. COUNTY 6 COUNTY MARYLAND STO CITY OR TOWN (If outside corporate limits, write RIPRAY and give nearest town) c. LENGTH OF STAY IN 15 C. CITY OR TOWN (If outside exporate limite write RURAL and give nearest/loyn) v d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE First Middle Last Month Yan DECEASED filled (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years Months Days Hours Min. WIDOWED A DIVORCED | popers. YES 10c. USUAL DCCUPATION (Give kind of work done 10b. KUID OF BUSINESS OR INDUSTRY 11. BIRTHPLACE stage or or oreign country) 12. CITIZEN OF WHAT COUNTRY? is a most of working life, even if retired) puo corbon ŏ ofter o 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME nma IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1ZA INFORMANT Add Ass (I yes, give war or dates of service) ending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 2 PART I. DEATH WAS CAUSED BY: DUE TO á Ę. any Conditions, if ony, which signed gave rise to immediate . E **DUE TO** cosse (b), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? burial-I YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, 20e BLACE OF INJUST It lome, form, foctory, street actice bldg., etc.) 20f. (City Year 20d. INJURY OCCURRED (County) JWhile Not while of work at work 21. I certify that I attended the deceased from 19____that I last saw the deceased alive an and that death accurred at A M. from the causes and on the date stated above. APDRESS (Street, city or town, staff) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNE m 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, Jown, or county). (State) MOREIA 2 24b. RECISERAR'S SIGNATURE 24a, REC'D BY REGISTRAR 15M 9/55

BUREAU V. A.

DECEINED

After this by of this

the registrar within 72 hours after death. in by the funeral director, the third cop

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 07293

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Reg. Dist. No.....

10年	1. PLACE OF DEATH			2. USUAL RESIDEN	CE (HOME) OF DE	CEASED		
s after the th	COUNTY CARLEST.	MARY	LAND	STATE Mariday	d county (alvet		
5 0	CITY (If outside corporeta limit	s, write RURAL LENGTH	OF STAY	CITY (If outside corpora	ata limits, write RURAL enc	give nearest town		
/2 hours director, It	OR end give neerest town)	4.6	place)	OR TOWN	Alles			
die die	HOSPITAL OR	00A		STREET	(M rural giva	location)		
	INSTITUTION OR STREET ADDRESS			/ ADDRESS				
within funeral		rst) (Middle)			4. DATE (Month	15)	191	
	3. NAME OF (FI	rst) (Middle)	D	(Last)	OF	(Day)	(Year)	
strar	(Type or Print)	notina		fullips	DEATH 7	- 2/,	1907	
registrar by the	5. SEX 6. COLOR OR	7. SINGLE, MARRIED, (WIDOWED) DIVORCED,	8. DATE OF	BIRTH 9	. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
2	F	(Specify)	Unter	sum	80 yrs.	Months Days	Hours Min.	
ripros.	10a. USUAL OCCUPATION (Give ki	nd of work 10b KIND OF BUSIN	SS	II. BIRTHPLACE (State or foreig	n country)		N OF WHAT	
with filled	done during most of working to ratirad)	fa, aven if OR INDUSTRY		maryland		CON	IIKY ?	
予選を	13, FATHER'S NAME			14. MOTHER'S MAIDEN N				
rrificate be filed with and completely filled burial transit permit.	1.0	1.1.0.						
ple	Charles	ARMED FORCES? 16. SOCIAL SI	COLUMN NO.	17. INFORMANT & A	. while			
DE C	15. WAS DECEASED EVER IN U. S. (Yas, no, or unk.) (If Yes, give wa	ar datas of service)				P. 1	1.	
	(10), 10, 10	to datas of satvices	the additional transfer of the con-	- There o	Johnson, Lux	V		
	E DISEASES OR CONDITIONS DIRE	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.						
h ce	DISEASES OR COMMITTIONS DIRECTED ECHOING TO DEATH							
physician use as a	ANTECEDENT CAUSE(S) DUE TO Commercial Caulling Callessin							
_ E 3	ANTECEDENT CAUSE(S	1 1000 1 1000	alin	- anlus-	Selevin			
± 5	DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA	USE	6					
ding of fo	STATING UNDERLYING CAUSE LA	AST. DOL 10						
quires that a attendir detached	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
requires he atter detach	TO THE DEATH BUT NOT RELATED DISFASE OR CONDITION CAUSIN							
24 e	19a. DATE OF OPERATION	196. MAJOR FINDINGS OF OPERATION	Й			20	. AUTOPSY?	
	4.50,3					4 -	□ NO □	
The ted shou	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN	ATH OF INJURY street, office bldg., a		C. WHERE DID INJURY OCCUR	? (City or town)	(County)	(Steta)	
# 5 ×	21d. TIME OF INJURY (Month) (I			H. HOW DID HIJURY OCCUR	?			
C & E			lot while					
DIRECTOR: s been execu ate assembly :	22. I hereby certify that I attended the deceased from July 10, 1950, to July 11, 1950 that I last saw the deceased							
	alive on July 2			4 P.M. from the ca	were and on the da	to stated about		
Fica N	SIGNATURE	17 IIII That Vess	occurred al	ADDR	ESS (Street, city, town,	state)	OÁTE SIGNED	
FUNERAL DIR certificate has be death certificate	1	ovellaunt	> M. D.	54	henred		22/2	
る業者で	23. BURIAL CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	CEMETERY OR C	CREMATORY	LOCATION (City, town,	or county)	(State)	
Certil deat A15C		7-24-57	to Dolus	,	healing		md	
7 × ×	24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S S		ADDRESS		
	DATE 7-22-57	H. W. Ward		P.E. Sowell	Prince Fr	edent	-worl	
	DAIE .			1	- 		ne	

DECENTED SO

BUTEAU V. &

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07294 **CERTIFICATE OF DEATH** Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (William deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY be fifed MARYLAND CITY OR OWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and live genest town) RURAL and give nearest town) 70/2 MANY d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET e. IS RESIDENCE ON A FARM? YES NO 7 NAME OF Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH 19-1 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B/DATE OF BIRTH 9. AGE (le years Months WIDOWED I DIVORCED [7] papers. 10a. USUAL OCCUPATION (GAL hind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse set line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate ᇗ. **DUE TO** cottse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES | NO! 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City of fown) Day, Year 20d. INJURY OCCURRED County (State) Hour a. m. foglogy, street, office bldg., etc.) While Not white? at work at work 21. I certify that I attended the deceased from ____, 19_____,that I last saw the deceased alive on. and that death occurred M, fram the causes and an the date stated above. ADDRESS (Street, kily or town, state) ACTUAL SIGNATURE PHYSICIAN'S G NAME (Type) FUNER 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, Jown, or county] (State) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

R 'A MVILLA

7561 ST 70.



1	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18
	1 07295 CERTIFIC	ATE OF DEATH Reg. Dist. No. 5
director, director, M	1. PLACE OF DEATH COLUMN MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE O. STATE
d le sal	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necessity toyon)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest lown)
hould hould	d. NAME OF HOSPITAL (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION	Mary Leud, ON A FARM?
Filled	3. NAME OF DECEASED (Type or print) Mary The	Stallings 4. DATE OF DEATH July 2, 3 1957
Po Po	5. SEX/ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED OIVORCED	8. DAJE OF BIRTH 9 AGE (In/yors IF UNDER 1 YEAR IF UNDER 24 HRS. North Days Hours Min.
nd complet in popers. death.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIduring molt) of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
cian and carban after de	13. FATHER'S NAME) Lhomas Hall	14. MOTHER'S MAIOEN NAME
g physic remave 72 hours		INFORMANT Address Horses WD
death Hendin Please within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	Harry AL BETWEEN ONSET AND DEATH
ar the a Then event	IMMEDIATE CAUSE (6)	(Duparoset
ed by	gave rise to immediate	lden deily)
regul na right	lying couse lost. (c)	
physici nas bee ial-tran naval, c	3 Hal crowny Timbers	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
AN: 1 ending ficate t ficate t the bu	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port For Port II of item 18.)
PHISIC lat are at this certi ir use as remation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to twork of work of work of twork of two two the state of two	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
After After haspilling After hed for right, co	21. I certify that I attended the deceased from	19, to, 19, that I last saw the deceased
Alter by the CTOR: CTOR: r ta bu	ACTUAL (/ Re 1) Clarient	h occurred ot
efained and be rear prior	PHYSICIAN'S NAME (Type)	REAL-St LEUNARD 15
HOSPI Day be r FUNER age 3 .	220. BUSHO, CREMATION, 24. DATE THEREOF, 22c. NAME OF CHMETERY	OR CREMATORY 22d LOCATION (City town, or county) (State)
2 ⁶ 2 ^{0.2} VS A15 (4)	23. FUNERAL DIRECTOR'S GONATURY ADDRESS A	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
15M 9/55	11- 17 Junion (miles)	Me DATE 1124/3/ Horace + Steele King

DECENTED 1957

BUREAU V. S.

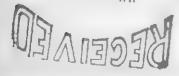
M1 3-

07296 **CERTIFICATE OF DEATH** Reg. Dist. No director Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY 4 b. COUNTY filed MARYLAND death. erol b. CITY OR TOWN (If outside corporate limits, write RURAL and) give neafest tokin) c. LENGTH OF STAY IN 16 e e c. CITY OR TOWN (IF. outside corporate limits, write RURAL and give nearest town) ď ofter d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO P NAME OF First Middle Losi 4. DATE Month Day Year DECEASED (Type or print) DEATH 19.5 within ? U-UNDER 1 YEAR IF UNDER 24 HRS 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE flay years last bushday) Months Days Min. Hours WIDOWED [] DIVORCED [papers. ζyrs. 0 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, evenyif retired) +ourewe puo carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME after 60 physicie 10 haurs IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address reft or dates of service) attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₲. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 8-10 **DUE TO** terescleros ģ permit. Conditions, if any, which gave rise to immediate **DUE TO** catse (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES INO I 20°3. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) ö 20c. TIME C. HAJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) o. m. While Not while at work ot work July 23, 1957, that I last saw the deceased 19 5 7, to 21. I certify that I attended the deceased from I safe. ___, and that death occurred at 11:15 A.M., from the causes and an the date stated above. RECTOR: ADDRESS (Street, city or lown, state) DATE SIGNED ě prior SIGNATURE ő **HOSPITAL** PHYSICIAN'S NAME (Type) FUNER 3 220. BURIAL, CREMATION, 22b. DATE THEREOS 22c. NAME OF CEMETERY OR CREMATORY LOCATION (State) REMOVAL (Specify) λoE rused 9 0 23. FUNERAL DIRECTOR'S ADDRESS REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 244 VS A15 (4) 15M 9/SS DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



10F SE 132'.



Reg. Dist. No.

- mare	1 2 2 1 1 0 0 1 1 0 0 0 1 1 0 1 1 1 1 1										
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address			d. STREE	d. STREET ADDRESS					RESIDENCE		
	Calvert. Co. Hospital			1	Prince-Frederick				YES [NO	
3	NAME OF -DECEASED	Fir	sł	Middle	1	ost .	4. DATE	Monti	h		Year
	(Type or print)	Erne	st	J.	Vargo		DEATH	July		8,	157
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BI	RTH		9. AGE (In years lost birthday)	IF UNDER TY		DER 24 HRS.
	Male	White	WIDOWED [DIVORCED [Dec.	8th,	1904	52 yrs.	Months Do	rys Hours	Min
10	a. USUAL OCCUPATIO during most af working	N (Give kind of work tile, even if retired)	dane 10b. KIND O	F BUSINESS OR II	ADUSTRY 11 BIRTH	IPLACE (Stote	or foreign c	ountry)	12. CITIZE		COUNTRY?
_	Machin	ist				Pa	0			USA	
13	. FATHER'S NAME				14. MOTHE	YS MAIDEN	NAME				
L		ael J. Var	<u> </u>				Rose K	iss			
15	. WAS DECEASED EVE	R IN U. S. ARMED FO		L SECURITY NO.	17. INFORMANT			Address			
					Richard	E. Va	rgo (S	on) Acc	okeek,	Md.	
		H [Enter only one cau	se per line for (a),	(b), and (c).						INTERVAL BETV	YEEN
П	PART I. DEAT	HWAS CAUSED BY:	Arteri	osclerot	ic cardio	vascul	ar dis	ease wit	h	ONSE! AND D	CATE
	1	DUE TO			during g						
	Conditions, if an	y, which } 63	0002 (4,2,0)	0 41 000	during 6	CITOT OT	e Heat	Heard			
	gave rise to immediate couse										
	(a), stating the underlying DUC TO										
١z											
Iš	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 201. CAUSE OF DEATH.								YES	ORMED?	
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port Lor Port Lof item 18.)											
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea			PLACE OF INJUR	(Home, form	n, 20f. (City	or fown)	(Count)	у)	(State)
MED	Hour a.m. p. m.	19	While of work	Not while at work	factory, street, aff	ica biog., etc.	7				
	21. I certify the	at I took charge	of the remai	ns described	above, held a	in Autops	y x , i	spection],	Inquiry	[], and	find that
	death resulted	from: Natural	causes K	Accident	Suicide [],	Homicide	II, Ui	ndetermined o	ause .		
		6 00			_		time!				
	SIGNATURE JUNE DATE SIGNED										
П		ASSISTANT MEDICAL EXAMINER									
	EXAMINER'S NAME (Type)	Paul F. G	uerin, M.	D	• DEPU	TY MEDICAL	EXAMINER [3		7/9/5	7
22	o. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	F 22c. N	AME OF CEMETER	Y OR CREMATORY		22d. LOCA	MON (City, town, t	or county)	(Sto	ite)
	remation	7-11th-	57_ Ce	dar Hill	Cremator	V		Suitla	nd	Md	
23	. FUNERAL DIRECTOR'S	SIGNATURE 16	61Good				D BY REGIST		STRAR'S SIGN		,
8	Demmon		shington		, , , , , , , , , , , , , , , , , , , ,	CATE	1110	757 %	Aust	Ma	rda
								/	1		W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5M 9/55

BUREAU Y. S.

1921 TT 701

BECEINED

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VS A1S (4) 1SM 9/SS

CERTIFICATE OF DEATH

07285

			Reg. Dist. No.
	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission)
	ľ	CALUERT	O. STATE N.L/ B. COUNTY LONG ISLAND
		c. LENGTH OF STAY IN 1 RURAL and give negrest lown)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Mar.	C	HESAPEAKE DEACH	ELMOUNT -
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
B	L		178 CREST AVE YES INDE
	3. 1	NAME OF First Middle	Lost 4. DATE Month Day Year
		(Type or print) /- RANK V. V.	ENTIMISCIA DEATH JULY 31 1957
	S. :	THE REAL PROPERTY OF THE PARTY	lost birthday) Months Dovs Hours Min
	1	TALE WHITE WIDOWED DIVORCED	1 (CT 19, 1919 37 m.
1	10a	. USUAL ÖCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN Juring most of working life, even if retired)	IDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
4)		ress Salesman Jalesma	1) Brooklyn, n.y. M. J. le
1	ИЗ.	FATHER'S NAME	14. MOTHER'S MAIDEN PAME
	16	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Address
,		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11. no. or uninown) [If yes, give wor or delated fearned]	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1	H	y 100 4 100-12 10/10	GUENTIF. URIVER NICEPIE NY
		18/ CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		- IMMEDIATE CAUSE (o) CROLUNG	OUE TO DOAT
		Conditions, if ony, which) the FIRE	
7		gave rise to immediate	
		cause (o), storing the under- lying couse tost.	
	z		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
4	CERTIFICATION	Bran Prisant E.DE H.	PERFORMED? YES NO T
	THIC	206. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of injury in Port I or Port I) of item 14.)
	CER	OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T POHEN UD BY CJAT & AM
	CAL		PLACE OF INJURY (Home, form, 20f. (City or town) [County] [Slote)
1	MEDI	Hour o. m. 7/28 19/7 of work of work	JECA Day PHECA Roh Cauleur Mo
		21. 1 certify that 1 attended the deceased from.	19 to 19 that I last saw the deceased
			ath occurred at
		6/1/1/10	ADDRESS (Streef) city or town, state). DATE SIGNED
,		ACTUAL SIGNATURE TUMBLE	42 Chry b Wed
κ,			
		PHYSICIAN'S H, WIWARD	MIE, OWINGS, MD. //3//-57
	220	BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETER	Y OR CREMANNY 22d LOCATION (City, town, openunty) (Stole)
		Bereat Cua. 2, 1957 Jones Uslo	and National Foundale 11, m.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS MATTER	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		a a present the free	DATE X - 1 4 7 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1

ENKEYN K" Z

DELANSISTA

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07286

Reg. Dist. No.

7299 CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY CALLEST COU						
CITY (If cutwide corporate limits, write RURAL OF CONTROL OF CONTR	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED				
CITY (If cutwide corporate limits, write RURAL OF CONTROL OF CONTR	COUNTY COLLARS TO MARYLAND	STATE WASHIELD	land COUNTY	C . D o		
OCH and give merest lown) ON PROJECT STREET ON PROJECT STREET ON PROJECT STREET ON STREET ADDRESS (If rurial give Meresion) (If rurial give Meresion) ADDRESS (If rurial give Meresion) (If rurial give Meresion) ADDRESS (If rurial give Meresion) (If rurial give Meresion) ADDRESS (If rurial give Meresion) (If rurial give Meresion) ADDRESS (If rurial give Meresion) ADDRESS (If rurial give Meresion) ADDRESS (If rurial give Meresion) ADDRESS (If rurial give Meresion) (If rur	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (II outside corpore		nd give naerest town		
NAME OF STREET DATES 3. SEX STREET	OR and give neerest town) (In this place)			1		
NAME OF STREET DATES 3. SEX STREET	HOSPITAL OR	STREET	If rural give	a location)		
DEEATH 7 19 5 7 5. SEX 6. COLOR OR RACE 7. SINGIE, MARRIED. (Specify) 8. DATE OF BIRTH 9. AGE int birthday if LUDGR 19 AR. IF UNDER 19	INSTITUTION OR		(or twice) give	o specificity		
Type or Print) 5. SEX 6. CCLOR OR 7. SPACE, MARRED 10b. USUAL OCCUPATION (Give bind of work refresh) DIVORCED, Seat. 15. II. BRIMFACE (State or formign country) 10b. USUAL OCCUPATION (Give bind of work refresh) DIVORCED, Seat. 15. III. BRIMFACE (State or formign country) 11c. CITIZEN OF WHAT COUNTRY? 11d. MOTHET'S MANDEN NAME 11d. MOTHET'S MADEN NA		(Lest)		th) (Day)	(Year)	
5. SEK G. COLOR OR 7, SNGLE MARRIED B. DATE OF BIRTH 9. AGE last birthday (Specify) WOONCED (Specify) DVONCED (Specify)		1. 00 ic.		7 77	10 47 7	
10b. USUAL OCCUPATION (Give bind of working file, even if refired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED FYEE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. INFORMANT & ADDRESS 10. MEDICAL CERTIFICATION 10. INFORMANT & ADDRESS 10. INFORMANT & ADDRESS 11. INFORMANT & ADDRESS 12. INFORMANT & ADDRESS 13. INFORMANT & ADDRESS 14. MOTHER'S MAIDE 15. WAS DECRASED FYEE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 19. INFORMANT & ADDRESS 19. INFORMANT & ADDRESS 19. INFORMANT & ADDRESS 19. INFORMANT & ADDRESS 10. INFORMANT & ADDRESS 10. INFORMANT & ADDRESS 10. INFORMANT & ADDRESS 10. INFORMANT & ADDRESS 11. INFORMANT & ADDRESS 12. INFORMANT & ADDRESS 13. INFORMANT & ADDRESS 14. MOTHER SIGNIFICATION 15. INFORMANT & ADDRESS 16. MEDICAL CERTIFICATION 17. INFORMANT & ADDRESS 18. INFORMANT & ADDRESS 19. INFORMANT		OF BIRTH 9	AGE last birthday	IF UNDER 1 YEAR		
10. SIJAL OCCUPATION GIVE bind of working file, aven if relived the dense during meat of working file, aven if relived to the control to the con	RACE (WIDOWED) DIVORCED, (Specify)	- 15.	71 vs.	Months Dwys	Hours Min.	
done during most of working file, even if refired of all to the control of the co		the state of the s		l 12. CITIZE	EN OF WHAT	
15. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO STATING UNDERLYING CAUSE LAST. 10. SOCIAL SECURITY NO. 10. IMMEDIATE CAUSE ANTECEDENT CAUSE(S) STATING UNDERLYING CAUSE LAST. 10. STATING UNDERLYING CAUSE LAST. 10. OF THE PROPERTY OF CREMENTS OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 10. HERE SIGNIFICAL EXAMINES 10. MEDICAL EXAMINES 10. MEDICAL CERTIFICATION 10. MEDICAL EXAMINES 10. MEDICAL EXA	done during most of working life, even if OR INDUSTRY		1	COUN	YTRY?	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give war or delas of service) 10. SOCIAL SECURITY NO. 11. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 12. MEDICAL CERTIFICATION 13. MEDICAL CERTIFICATION 14. O. IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (6) GIVEN AS SECURITY WAS DECEASED EVER IN U.S. ARMED FORCES? DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DE	IS. PATREK'S NAME	14. MOTHER'S MAIDEN N	AME A			
Test, no, or unk.] (If Yes, give war or delets of service) 25 - 20 / 4	anknown		rooks			
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MAJOR FLOW AND DEATH 19. DATE OF CONDITIONS, IF ANY GROUP AND DEATH 19. DATE OF OPERATION 20. AUTOPSY? 19. DATE OF OPERATION 21. TIME OF INJURY (Month) (Day) (Year) (Hour) 21. NJURY OCCURRED Not while allowed the deceased from MAJOR SINGLE STANDARD Not while allowed the deceased from MAJOR SINGLE STANDARD NOT SHAPP OF CERTIFICATION 22. I hereby certify that I attended the deceased from MAJOR SINGLE SIGNATURE 19. DATE OF INJURY (Month) (Day) (Year) (Hour) 21. NJURY OCCURRED NOT SHAPP OF CERTIFICATION (City, town, state) DATE SIGNATURE 19. DATE OF CREMATION, REMOVAL (SPECIFY) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 10. MEDICAL CERTIFICATION 10. MITERVAL DECEMBER OF CONSTRUCTION ON SET AND DEATH 10. ONSET AN		17. INFORMANT & AL	DDRESS			
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ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASE OR CONDITIONS, OF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. DATE OF OPERATION 197. MAJOR FINDINGS OF OPERATION 216. ACCIDENT WAS UNDERLYING CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.) 197. MAJOR FINDINGS OF OPERATION 216. WHERE DID INJURY OCCUR? VAIL 198. NO 217. WHERE DID INJURY OCCUR? VAIL 198. NO WHERE DID INJURY OCCUR? VAIL 198. NO WHILE NO	18. MEDICAL CER	TIFICATION				
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 191. MAJOR FINDINGS OF OPERATION 192. AUTOPSY? YES NO 2 210. ACCIDENT WAS UNDERLYING OF INJURY stream, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY stream, fiftic bidg., etc.) 210. ACCIDENT WAS UNDERLYING OF INJURY stream, factory, OF CONTRIBUTING CAUSE OF DEATH OF INJURY stream, fiftic bidg., etc.) 211. HOW DID INJURY OCCUR? While North while stream Not work as the deceased Not while stream Not work as the deceased Not while stream Not while stream Not work as the stream on the date stated above. SIGNATURE Not While stream Not work as the deceased Not while stream Not while stream Not work as the stream Not while stream Not work as the stre	40,1 IMMEDIATE CAUSE (A) Loronary of	Krombosi	~			
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Merle L. July D. M.D. 23.4 BURIAL (REMATION, REMOVAL ISPECIFY) DATE THEREOF RAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Siete) 7-21-57 5t, Paul, Existrated Prince Free, M.J. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS						
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DATE 7-19-57 H. W. Ward P. F. S	7 70 57 17 13 17-13		45			

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BUREAU V. S.



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07300 CERTIFICATE OF DEATH Rea. Dist. No. with directar, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) D. COUNTY filed **b.** COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town in should mice treder d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSITUTION a 3. NAME OF Middle Last 4. DATE Month DECEASED DEATH (Type or print) WOODBURK Months Days Hours Min 9. AGE (Ip years last birthdoy) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED 1 DIVORCED | popers 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during plast of working life, even if retired) and corbon 13. FATHER'S NAME MOTHER'S MAIDEN NAME \$ IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). a. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which ony gned gove rise to immediate **DUE TO** cosse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not while of work at work 21. certify that lightended the deceased from 195 Z, that I last saw the deceased alive on and that death occurred M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) e SIGNATURE PHYSICIAN'S GIBSON ERLE NAME (Type) FUNER co 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) O ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) 7-29-57 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(State)

Day

Days

(County)

Ward

ON A FARM? YES NO 17-

Year

19-5

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BUREAU V. S.

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